MILFORD FIRE DEPARTMENT & AMBULANCE SERVICE, Inc. P.O. Box 1369 Milford, PA 18337-2369 Phone 570 296-6121 – Fax 570 296-4131

APPLICATION FOR MEMBERSHIP

(amended on May 2nd, 2011)

Date: _____

Secretary of the Department

I,______, make application for membership in the Milford Fire Department, and, upon selection to membership, will abide by the Constitution, By-Laws, Standard Operating Guidelines, and all other rules and regulations of the department obeying all lawful orders given in the line of duty by all duly elected officers of the department. If elected or appointed to office in the department I agree to serve to the best of my ability.

Name:				Telephone:	Геlephone:			
First	Middle	Last		-				
Address:								
St	reet/Box #		City	State	e	Zip Code		
DOB*:/		irth:		Heig	ght:i	ns, Weight:	_lbs.	
Driver License N	lo. & State(requ	ired):		SSN(r	required):		
Type of Member	ship Requested:	Fire: _	E	MS:	Aux:			
Hours of Availab	oility:							
Have you had pr when, and experi	-	-	-			-	where	
Have you ever police departme	-		-	•	-			

Present employer:
Name, address, and telephone number
Hours employed: Position held:
Previous employer:
Name and address
Dates of employment:
How long have you resided in the Milford area of response?:
Education? (list all schools attended and certificates or diplomas earned):
.Military Service?: Yes No If yes, Branch: From: To:
Type of Discharge?:
Have you ever been convicted of a felony, misdemeanor, or juvenile crime other than traf- violations? Yes No If yes, explain:
Make a brief statement of why you desire membership in the Milford Fire Department:
To the best of my knowledge, the information submitted in this application is true and correct. I

understand that if in the future, any of the above information is adjudged to be falsified it could lead to my dismissal from the Milford Fire Department. I agree to submit to a drug test at the expense of the Milford Fire Department. I further agree that at any time during my application process and during my membership in the Milford Fire Department I will submit to a drug or alcohol test at the discretion of the Chief of the Department.

I authorize the Milford Fire Department to secure a criminal record check, including sealed records if any, and I authorize the release of this information directly to the Milford Fire Department.

I authorize the Milford Fire Department to obtain any or all records related to previous and/or current membership in any Emergency Services organization and to contact and interview any past and/or present officers of such organizations.

If I am accepted for membership in the Milford Fire Department, I, of my own free will, voluntarily release and forever discharge said Milford Fire Department and its officers, trustees, employees, members, successors and assigns, both individually and in their official capacities of and from any and all actions, causes of action, suits, claims, charges, complaints, contracts, grievance or promises, whatsoever, in law or equity, against the Milford Fire Department, which I, my administrators, successors and assigns may not have or hereafter can, shall or may have for, upon, or by reason of any matter, cause any thing whatsoever, including, but not limited to, any and all matters arising out of my membership in the Milford Fire Department. I intend to be legally bound hereby.

This application will be deemed open for two months from the initial entry into the minutes of the Milford Fire Department. After such time the application will be deemed void and reapplication will be required for membership.

Signature of Applicant:	
Signature of Parent or Guardian:	To be signed before notary.
	(If applicant is under 18 years of age.)
COMMONWEALTH OF PENNSYLVANIA))SS:
COUNTY OF)
	, 20, before me a notary public personally appeared (or satisfactorily proven) to be the person whose name is subscribed
	e executed the same for the purposes therein contained.

Notary Public

Date investigated:	_ Recommendation (circle one): ACCEPT	DENIED
Signatures of Investigating Committ	tee:	
Date recommended for probationary	/ period:	
Date accepted into membership:		
Enclosures: 1. Code of Ethics. This form must	be completed and attached to this application.	

A Physical Examination Form must be completed by a physician upon the acceptance of this application by the Investigating Committee. Commencement of the applicant's probationary term will be subject to a favorable physical report.

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